

**Delta Dental PPO<sup>SM</sup> (Point-of-Service)**  
**Benefit Features for**  
**Local Units of Government**  
**Client #9842**

Delta Dental PPO (Point-of-Service) is a point-of-service preferred provider organization program administered by Delta Dental of Indiana. You can go to any licensed dentist, but you may have lower out-of-pocket costs if you choose a dentist who participates in the Delta Dental PPO network. If you do not go to a Delta Dental PPO dentist, you can still save money if you choose a dentist who participates in Delta Dental Premier<sup>®</sup>, our managed fee-for-service plan. If you choose a dentist who doesn't participate in either plan, you are responsible for any difference between Delta Dental's fee and the amount charged by the dentist.

	PPO Dentist		Premier Dentist		Nonparticipating Dentist	
Effective: January 1 through December 31, 2012	Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
<b>Class I</b>						
<b>Diagnostic and Preventive Services</b> - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments).	100%	0%	100%	0%	90%	10%
<b>Emergency Palliative Treatment</b> - Used to temporarily relieve pain.	100%	0%	100%	0%	90%	10%
<b>Sealants</b> - Used to prevent decay of pits and fissures of permanent back teeth. Limited to first molars to age 9, and second molars to age 14.	100%	0%	100%	0%	90%	10%
<b>Radiographs</b> - X-rays	100%	0%	100%	0%	90%	10%
<b>Class II</b>						
<b>Endodontic Services</b> - Used to treat teeth with diseased or damaged nerves (for example, root canals).	80%	20%	80%	20%	70%	30%
<b>Periodontic Services</b> - Used to treat diseases of the gums and supporting structures of the teeth.	80%	20%	80%	20%	70%	30%
<b>Oral Surgery Services</b> - Extractions and dental surgery, including preoperative and postoperative care.	80%	20%	80%	20%	70%	30%
<b>Minor Restorative Services</b> - Used to repair teeth damaged by disease or injury (for example, fillings).	80%	20%	80%	20%	70%	30%
<b>Relines and Repairs</b> - Relines and repairs to bridges and dentures.	80%	20%	80%	20%	70%	30%
<b>Single Crowns &amp; Cores</b> - Used when teeth can't be restored with another filling material.	80%	20%	80%	20%	70%	30%
<b>Class III</b>						
<b>Other Major Restorative Services (Inlays &amp; Onlays)</b> - Used when teeth can't be restored with another filling material.	60%	40%	60%	40%	50%	50%
<b>Prosthodontic Services</b> - Used to replace missing natural teeth (for example, bridges and dentures).	60%	40%	60%	40%	50%	50%
<b>Class IV</b>						
<b>Orthodontic Services (no age limit)</b> - Used to correct malposed teeth (for example, braces).	60%	40%	60%	40%	50%	50%
<b>Maximum Payment</b> - \$1,000 per person total per <b>benefit year</b> on Class I, Class II and Class III benefits. Delta Dental's payment for Class IV benefits will not exceed a <b>lifetime</b> maximum of <b>\$1,125</b> per eligible person.						
<b>Deductible</b> - \$50 deductible per person total per <b>benefit year</b> limited to a maximum deductible of <b>\$150</b> per family per <b>benefit year</b> on Class II and Class III benefits. The deductible does not apply to Class I or Class IV benefits.						

**Customer Service toll-free number (800) 524-0149**  
**www.deltadentalin.com**

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for policy exclusions and limitations.

10/7/2011